Case 16-13912 Doc 1 Filed 04/23/16 Entered 04/23/16 15:59:08 Desc Main Document Page 1 of 51

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on your government-issued		Stacey First name	First name
	picture identification (for example, your driver's license or passport).	re identification (for	E	i list name
			Middle name	Middle name
	Bring your picture identification to your		Phillips	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number	xxx-xx-1113	

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Debtor 1 Stacey E Phillips

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	100 Watson Avenue Oglesby, IL 61348 Number, Street, City, State & ZIP Code La Salle County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

Debtor 1 Stacey E Phillips

Par	Tell the Court About	our E	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				ach, see <i>Notice Required by</i> le 1 and check the appropria	v 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.		
	choosing to file under	■ C	hapter 7					
			hapter 11					
			hapter 12					
			hapter 13					
3.	How you will pay the fee		about how yo	u may pay. Typically attorney is submittir	y, if you are paying the fee y	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with		
				the fee in installm e in Installments (Of		ion, sign and attach the Application for Individuals to Pay		
			the Application	on to Have the Chap	ter 7 Filing Fee Waived (Offi	icial Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the last 8 years?	■ N						
	not o youro.	ш.,	District		When	Case number		
			District		When	Case number		
			District		When	Case number		
0.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ N	Go to li	ine 12.				
	residence?	— N		ur landlord obtained	I an eviction judgment again	st you and do you want to stay in your residence?		
		_ ''	J.S.	No. Go to line 12.	, 5			
				Yes. Fill out <i>Initial</i> S bankruptcy petition		Judgment Against You (Form 101A) and file it with this		

Document Page 4 of 51 Case number (if known) Debtor 1 Stacey E Phillips Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Stacey E Phillips

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 51 Case number (if known) Debtor 1 Stacey E Phillips Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Stacey E Phillips Signature of Debtor 2 Stacey E Phillips

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on April 23, 2016

MM / DD / YYYY

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Debtor 1 Stacey E Phillips Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Linda N	И. Salfisberg	Date	April 23, 2016
Signature of	f Attorney for Debtor		MM / DD / YYYY
Linda M. S	Salfisberg		
Printed name			
Krentz, Sa	alfisberg & Swanson Haggard, P.C.		
Firm name			
100 W. Ma	nin Street		
Plano, IL 6	60545		
Number, Street,	City, State & ZIP Code		
Contact phone	630-552-8213	Email address	lsalfisberg@sbcglobal.net
06279743			
Bar number & S	itate		

		Docume	ent Page 8 of 5		
Fill in this infor	mation to identify your	case:			
Debtor 1	Stacey E Phillips				
	First Name	Middle Name	Last Name	_	
Debtor 2					
Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					☐ Check if this is an
,					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	1: Summarize Your Assets		
		Your as	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	45,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	24,475.65
	1c. Copy line 63, Total of all property on Schedule A/B	\$	69,475.65
Par	2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	72,969.84
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	22,679.55
	Your total liabilities	\$	95,649.39
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,498.05
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,640.34
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "141 U.S.C. \$ 101(0). Fill out lines 8.00 for detiction purposes 28 U.S.C. \$ 150	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Case number (if known) Debtor 1 Stacey E Phillips

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

4,092.33 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	7,184.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	7,184.00

	C	ase 16-13912	Doc 1		04/23/16 ument	Entered 04/23/1 Page 10 of 51	6 15:59:08	Desc	Main	
Fill	in this info	rmation to identify yo	our case and t			F AUE 10 01 31				
Del	otor 1	Stacey E Philli	ine							
D 0 k	7101 1	First Name	•	lle Name		Last Name				
	otor 2 use, if filing)	First Name	Midd	lle Name		Last Name				
Uni	ted States E	Bankruptcy Court for th	e: NORTHEI	RN DISTE	RICT OF ILLIN	IOIS				
Cas	se number					-			Check if this is an amended filing	
) Of	ficial F	orm 106A/B								
Sc	chedu	le A/B: Pro	perty						12/15	
hink nfor insv	t it fits best. mation. If mover every qu	Be as complete and accorde space is needed, att	curate as possib ach a separate s	ole. If two isheet to th	married people is form. On the	n asset fits in more than one e are filing together, both are e top of any additional pages, n or Have an Interest In	equally responsib	le for supp	ying correct	
						land, or similar property?				
	_		able interest in	arry restac	nice, bulluling,	iana, or similar property:				
	No. Go to P									
	Yes. where	e is the property?								
1.1				What	is the property	? Check all that apply				
	100 Wat	son Avenue		_	Single-family h	nome	Do not deduct se	cured claim	s or exemptions. Put	
	Street address	s, if available, or other descrip	otion		Duplex or multi-unit building the a			nount of any secured claims on Schedule D: tors Who Have Claims Secured by Property.		
					Manufactured	or mobile home	Current value of	fthe (Current value of the	
	Oglesby	IL (61348-0000		Land		entire property?		ortion you own?	
	City	State	ZIP Code		Investment pro	pperty	\$45,00	00.00	\$45,000.00	
				Who	Timeshare Other	in the property? Check one		nple, tenanc	ownership interest by by the entireties, or	
					Debtor 1 only	in the property: oneck one	Fee simple			
	La Salle				Debtor 2 only					
	County				Debtor 1 and D	Debtor 2 only	Check if thi	is is commu	nity property	
						the debtors and another	(see instruction		mily property	
					information yo	ou wish to add about this iten on number:	n, such as local			
						rom Part 1, including any	entries for		\$45,000.00	
	Dades Voll	have attached for Pa	rt 1 Write the	t numbai	noro		_~	1	Ψ-10100100	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Desc Main

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Debtor 1	Stacey E Phi	illips		Document	Page 12 of 51 Case number	(if known)
■ No	mples: Pistols, rifles	s, shotgun	s, ammunition	i, and related equipment	t	
11. Clot <i>Exa</i> □ No	mples: Everyday clo	othes, furs	s, leather coats	s, designer wear, shoes	accessories	
■ Ye	s. Describe					
			on: 100 Wat s for an adu	son Avenue, Oglesk Ilt woman	y IL 61348	\$300.00
■ No	<i>mples:</i> Everyday jev	welry, cos	tume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches	s, gems, gold, silver
Exa ■ No	-farm animals mples: Dogs, cats, I	birds, hors	ses			
14. Any	other personal and			u did not already list, i	ncluding any health aids you did r	not list
for	Part 3. Write that I	number h	ere	om Part 3, including a	ny entries for pages you have atta	\$1,600.00
	Describe Your Finand Own or have any le			est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	<i>mples:</i> Money you h	,		our home, in a safe depo	osit box, and on hand when you file y	your petition
17. Dep o <i>Exa</i>	osits of money mples: Checking, sa institutions.	avings, or	other financia		of deposit; shares in credit unions, br	rokerage houses, and other similar
□ No ■ Ye	s			Institution r	ame:	
		17.1.	Checking		Heartland Bank number ending in 4354	\$2,934.00
		17.2.	Credit Unio	on Illinois Va	alley Credit Union	\$434.99
Exa				:ks ith brokerage firms, mor	ney market accounts	
■ No) :S	!	Institution or is	ssuer name:		
	t venture	ock and i	nterests in in	corporated and uninc	orporated businesses, including a	an interest in an LLC, partnership, and

	Case 16-13912 Doc 1			Desc Main
Debtor 1	Stacey E Phillips	Document	Page 13 of 51 Case number (if known)	
☐ Ye	s. Give specific information about them Name of entity:		% of ownership:	
Neg	ernment and corporate bonds and other of the otiable instruments include personal characteristics are those you consider the contract of the otiable instruments are those you contract of the otiable instruments.	ecks, cashiers' checks, pro	omissory notes, and money orders.	
☐ Ye	s. Give specific information about them Issuer name:			
	ement or pension accounts mples: Interests in IRA, ERISA, Keogh,	401(k), 403(b), thrift saving	gs accounts, or other pension or profit-sharing	plans
■ Ye	s. List each account separately. Type of account:	Institution	name:	
	403(b)	Lincoln I	Financial Group	\$9,150.66
Your <i>Exar</i> ■ No	rity deposits and prepayments share of all unused deposits you have mples: Agreements with landlords, prepared.	aid rent, public utilities (ele	ntinue service or use from a company ectric, gas, water), telecommunications compan	nies, or others
23 Annı	ities (A contract for a periodic payment	t of money to you either fo	or life or for a number of years)	
■ No			in the or for a number of years,	
	···········	•		
26 U.S ■ No	S.C. §§ 530(b)(1), 529A(b), and 529(b)((1).	ogram, or under a qualified state tuition pro	
☐ Ye:	S Institution name and de	escription. Separately file t	the records of any interests.11 U.S.C. § 521(c):	
■ No	ts, equitable or future interests in pro s. Give specific information about them		ng listed in line 1), and rights or powers exe	ercisable for your benefit
26. Pater	nts, copyrights, trademarks, trade se	crets, and other intellect		
■ No				
<i>Exai</i> ■ No	nses, franchises, and other general in mples: Building permits, exclusive licens s. Give specific information about them	ses, cooperative association	on holdings, liquor licenses, professional license	es
	or property owed to you?			Current value of the
woney c	n property owed to you!			portion you own? Do not deduct secured claims or exemptions.
28. Tax r ■ No	refunds owed to you			
	s. Give specific information about them,	, including whether you alre	eady filed the returns and the tax years	
<i>Exai</i> ■ No	ly support mples: Past due or lump sum alimony, s s. Give specific information	spousal support, child supp	port, maintenance, divorce settlement, property	settlement

Official Form 106A/B Schedule A/B: Property page 4

			L6-13912	Doc 1	Filed 04/23/16 Document	Entered 04/23/16 15:59:0 Page 14 of 51	
De	otor 1	Stacey E	Phillips			Case number (if kno	wn)
I	Exam	nples: Unpaid benefits		ty insurance	payments, disability bend someone else	efits, sick pay, vacation pay, workers' cor	npensation, Social Security
		•					
ı	<i>Exam</i> ■ No	nples: Health,	•	·	J ,	HSA); credit, homeowner's, or renter's ins	urance
'	⊒ Yes.	. Name the in		any of each p pany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
I	If you some	are the bene one has died	ficiary of a livin		n someone who has die ct proceeds from a life in:	d surance policy, or are currently entitled to	receive property because
ı	Exam ■ No	nples: Accider		nt disputes, in	you have filed a lawsui surance claims, or rights	t or made a demand for payment to sue	
ı	No		and unliquidat		every nature, including	g counterclaims of the debtor and righ	s to set off claims
I	No		ets you did not	already list			
36.						ny entries for pages you have attached	\$12,519.65
Par	t 5: Do	escribe Any B	usiness-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
	No. G	own or have a to to Part 6. Go to line 38.	any legal or equi	itable interest	in any business-related p	roperty?	
Par			arm- and Comme re an interest in fa		-Related Property You Owi n Part 1.	n or Have an Interest In.	
46.	■ No	u own or have. Go to Part 7.		r equitable ir	nterest in any farm- or c	commercial fishing-related property?	
Par	t 7:	Describe A	II Property You	Own or Have a	an Interest in That You Did	Not List Above	
			property of an tickets, country		did not already list? ership		

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

☐ Yes. Give specific information.......

\$0.00

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Case number (if known)

Document Debtor 1 Stacey E Phillips

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$45,000.00
56.	Part 2: Total vehicles, line 5	\$10,356.00		
57.	Part 3: Total personal and household items, line 15	\$1,600.00		
58.	Part 4: Total financial assets, line 36	\$12,519.65		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$24,475.65	Copy personal property total	\$24,475.65
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$69,475.65

Official Form 106A/B Schedule A/B: Property page 6

			III FAUE IOOL)
Fill in this informa	ation to identify your	case:		
Debtor 1	Stacey E Phillips			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
100 Watson Avenue Oglesby, IL 61348 La Salle County	\$45,000.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2014 Chevrolet Cruze 15000 miles Line from Schedule A/B: 3.1	\$10,356.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line Holli Schedule Arb. 3.1			100% of fair market value, up to any applicable statutory limit	
Location: 100 Watson Avenue, Oglesby IL 61348	\$1,000.00		\$631.01	735 ILCS 5/12-1001(b)
Hand-me-down furniture for living room/dining room/kitchen/bedrooms appiances Line from Schedule A/B: 6.1	,		100% of fair market value, up to any applicable statutory limit	
Location: 100 Watson Avenue, Oglesby IL 61348	\$300.00		\$0.00	735 ILCS 5/12-1001(b)
Televisions, computer Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

De	btor 1	Stacey E Phillips	Document		Case number (if known)	
		description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		tion: 100 Watson Avenue, sby IL 61348	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
	Cloth	nes for an adult woman rom Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
		king: Location: Heartland Bank	\$2,934.00		\$2,934.00	735 ILCS 5/12-1001(b)
		rom Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Cred Unio	it Union: Illinois Valley Credit	\$434.99		\$434.99	735 ILCS 5/12-1001(b)
		rom Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	•	b): Lincoln Financial Group	\$9,150.66		\$9,150.66	735 ILCS 5/12-1006
	LIIIE	Ioni Garedule A/B. 2111			100% of fair market value, up to any applicable statutory limit	
3.		ou claiming a homestead exemption of			ed on or after the date of adjustmer	nt.)
		No				
		Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	215 days before you filed this case	?
	I	□ No				
		☐ Yes				

	Document Pa	ade 18 of 51		
Fill in this information to identify	your case:			
Debtor 1 Stacey E Phi	Ilips			
First Name	•	t Name	_	
Debtor 2			_	
(Spouse if, filing) First Name	Middle Name Las	t Name		
United States Bankruptcy Court for	the: NORTHERN DISTRICT OF ILLINOI	IS	_	
Case number				
(if known)			☐ Check	if this is an
			amend	ded filing
O#:-:-! F 400D				
Official Form 106D				
Schedule D: Credito	ors Who Have Claims Se	cured by Proper	ty	12/15
s needed, copy the Additional Page, fi	ole. If two married people are filing together, bo Il it out, number the entries, and attach it to thi			
number (if known).				
1. Do any creditors have claims secure				
☐ No. Check this box and subn	nit this form to the court with your other sche	dules. You have nothing else	to report on this form.	
Yes. Fill in all of the informat	ion below.			
Part 1: List All Secured Claims	·			
	nas more than one secured claim, list the creditor		Column B	Column C
	has a particular claim, list the other creditors in Patential order according to the creditor's name.	art 2. As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
		value of collateral.	claim	If any
2.1 Illinois Valley Credit Union	Describe the property that secures the cl	laim: \$52,000.00	\$45,000.00	\$7,000.00
Creditor's Name	100 Watson Avenue Oglesby, IL			
	61348 La Salle County			
	As of the date you file, the claim is: Check	all that		
2107 Marquette Road Peru, IL 61354	apply.			
	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	■ An agreement you made (such as mortg	age or secured		
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)		
lacksquare At least one of the debtors and anoth	er			
Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Date debt was incurred 2008	Last 4 digits of account number	0263		
Illinaio Valloy Cradit				
2.2 Illinois Valley Credit Union	Describe the property that secures the cl	laim: \$18,182.00	\$10,356.00	\$7,826.00
Creditor's Name	2014 Chevrolet Cruze 15000 mile			
	As of the date you file, the claim is: Check	all that		
2107 Marquette Road Peru, IL 61354	apply.			
Number, Street, City, State & Zip Code	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortg	age or secured		
Debtor 2 only	car loan)	<u> </u>		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)		
lacksquare At least one of the debtors and anoth	er			
Check if this claim relates to a	Other (including a right to offset)			

community debt

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Debtor 1 Stacey E Phillips	C	Case number (if know)				
First Name Middle N	Name Last Name	-				
Date debt was incurred 2015	Last 4 digits of account number 8450					
2.3 Lincoln Financial Group	Describe the property that secures the claim:	\$2,787.84	\$9,150.66	\$0.00		
Creditor's Name	403(b): Lincoln Financial Group					
PO Box 7876 Fort Wayne, IN 46801	As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or secured car loan)	ıred				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)					
Date debt was incurred 2013	Last 4 digits of account number					
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$72,969.8	4			
If this is the last page of your form, add	I the dollar value totals from all pages.	\$72,969.8	4			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	0436 10 10012	Document	Page 20 of 51	0.00.00 D000 Mai	
Fill in	this information to identify your ca				
Debtor	Stacey E Phillips				
20010.	First Name	Middle Name	Last Name	_	
Debtor					
(Spouse	if, filing) First Name	Middle Name	Last Name		
United	States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
Case r	number				
(if known				☐ Check if the	his is an
				amended	filing
Offici	al Form 106E/F				
	edule E/F: Creditors Wh	o Have Unsecured	Claims		12/15
Schedul Schedul left. Atta	cutory contracts or unexpired leases the le G: Executory Contracts and Unexpire le D: Creditors Who Have Claims Secure inch the Continuation Page to this page. Ind case number (if known).	d Leases (Official Form 106G). De ed by Property. If more space is n	o not include any creditors with pa needed, copy the Part you need, fill	rtially secured claims that are it out, number the entries in the	listed in ne boxes on the
Part 1:	List All of Your PRIORITY Unse	cured Claims			
1. Do	any creditors have priority unsecured of	laims against you?			
	No. Go to Part 2.				
	Yes.				
Part 2:	List All of Your NONPRIORITY	Unsecured Claims			
3. Do	any creditors have nonpriority unsecur	ed claims against you?			
	No. You have nothing to report in this part.	Submit this form to the court with y	your other schedules.		
	Yes.				
uns tha	t all of your nonpriority unsecured clain secured claim, list the creditor separately for n one creditor holds a particular claim, list t 2.	r each claim. For each claim listed,	, identify what type of claim it is. Do no	ot list claims already included in F	Part 1. If more
				Total cl	aim
4.1	AMCA	Last 4 digits of acco	ount number 6830		\$78.00
	Nonpriority Creditor's Name 2269 S Saw Mill	When was the debt	incurred?		
	Elmsford, NY 10523	When was the debt			
	Number Street City State Zlp Code	As of the date you f	ile, the claim is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	er Type of NONPRIOR	ITY unsecured claim:		
	☐ Check if this claim is for a commu	•			
	debt		g out of a separation agreement or div	vorce that you did not	
	Is the claim subject to offset?	report as priority clain	ns or profit-sharing plans, and other simi	lor dobto	
	■ No	•	- · · · · · · · · · · · · · · · · · · ·	iai uedīs	
	☐ Yes	Other. Specify	Medical Services		

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Debtor 1 Stacey E Phillips Case number (if know) 4.2 **Central Dupage Hospital** \$95.19 Last 4 digits of account number 9402 Nonpriority Creditor's Name PO Box 4090 When was the debt incurred? 2014 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.3 Central Illinois Pathology, SC Last 4 digits of account number 9634 \$64.80 Nonpriority Creditor's Name c/o Law Office of Johnson, Bunce & When was the debt incurred? 2013 PO Box 9705 **Peoria, IL 61612** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Services** Other. Specify Collection Prof/lasalle \$1,350.00 4.4 Last 4 digits of account number 9427 Nonpriority Creditor's Name Po Box 416 When was the debt incurred? Opened 2/01/13 La Salle, IL 61301 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney II Valley Community** ■ Other. Specify Hospital ☐ Yes

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Debtor 1 Stacey E Phillips Case number (if know) 4.5 \$552.00 Collection Prof/lasalle Last 4 digits of account number 0583 Nonpriority Creditor's Name Opened 5/01/14 Last Active Po Box 416 When was the debt incurred? 9/01/15 La Salle, IL 61301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney II Valley Community** ☐ Yes ■ Other. Specify Hospital 4.6 Collection Prof/lasalle Last 4 digits of account number 9245 \$518.00 Nonpriority Creditor's Name Po Box 416 When was the debt incurred? Opened 2/01/13 La Salle, IL 61301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney lvch Med. Group/Ivo ☐ Yes 4.7 Collection Prof/lasalle Last 4 digits of account number 0528 \$154.63 Nonpriority Creditor's Name PO Box 416 When was the debt incurred? 2011 La Salle, IL 61301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Medical Services - IVCH** ☐ Yes Other. Specify

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Case Phillips

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Case number (if know)

DCDI	Stacey E Fillings	Odde Humber (II know)	
4.8	Collection Prof/lasalle	Last 4 digits of account number 4117	\$98.09
	Nonpriority Creditor's Name PO Box 416	When was the debt incurred? 2011	
	La Salle, IL 61301 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, a of the date year me, the stain for encored in that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services - IVCH	
4.9	Collection Professinals	Last 4 digits of account number 0010	\$28.02
	Nonpriority Creditor's Name PO Box 416	When was the debt incurred? 2013	
	La Salle, IL 61301 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services - IVCH	
4.1	Collection Professionals	Last 4 digits of account number 9888	\$10,300.00
	Nonpriority Creditor's Name PO Box 416	When was the debt incurred? 2013	
	La Salle, IL 61301		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Personal Loan, medical services	

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Case number (if know) Debtor 1 Stacey E Phillips 4.1 **Collection Professionals** 7787 \$165.46 Last 4 digits of account number Nonpriority Creditor's Name PO Box 416 When was the debt incurred? 2012 La Salle, IL 61301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Medical Services - Illinois Valley ☐ Yes ■ Other. Specify Community Hospital 4.1 0002 \$5,413.00 **Fed Loan Servicing** Last 4 digits of account number Nonpriority Creditor's Name Opened 3/01/02 Last Active PO Box 69184 When was the debt incurred? 9/21/15 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify **Educational** 4.1 Fed Loan Servicing 0001 \$1,771.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/01/10 Last Active Po Box 69184 When was the debt incurred? 7/21/15 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Educational

or 1 Stacey E Phillips	Document Page 2	Case number (if know)	
FFCC/First Federal Credit Control	Last 4 digits of account number	4159	\$53.00
Nonpriority Creditor's Name Po Box 20790 Columbus, OH 43220	When was the debt incurred?	Opened 1/01/11	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Collection Centers	Attorney Foot And Ankle	
Illinois Valley Community Hospital	Last 4 digits of account number	0001	\$992.75
Nonpriority Creditor's Name 925 West Street	When was the debt incurred?	2013	<u> </u>
Peru, IL 61354 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, 0 , 0 , 0	191 Onook all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical Se	rvices	
Illinois Valley Community Hospital	Last 4 digits of account number	0001	\$275.94
Nonpriority Creditor's Name 925 West Street	When was the debt incurred?	2013	
Peru, IL 61354 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

☐ Yes

■ Other. Specify Medical Services

Debtor	1 Stacey E Phillips	Document Page 20	Case number (if know)				
4.1	IVCH Medical Group	Last 4 digits of account number	1600	\$571.67			
	Nonpriority Creditor's Name 1305 6th Street Peru, IL 61354	When was the debt incurred?	2012				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Medical Se	rvices				
4.1	Synchrony Bank/Amazon	Last 4 digits of account number	9148	\$48.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 103104 Pocusell CA 20076	When was the debt incurred?	Opened 12/01/15 Last Active 12/18/15				
	Roswell, GA 30076 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	■ Other. Specify Charge Acc	count				
4.1	Utica Community Fire Protective Dis	Last 4 digits of account number		\$150.00			
	Nonpriority Creditor's Name PO Box 260	When was the debt incurred?					
	Mendota, IL 61342 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 2 only ☐ Unliquidated						
	Debtor 1 and Debtor 2 only	one of the debtors and another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	agreement of divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Medical services

☐ Yes

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Stacey E Phillips		Case number (if know)					
Name and Address	On which entry in Part 1 or Part :	On which entry in Part 1 or Part 2 did you list the original creditor?					
AMCA	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 1235 Elmsford, NY 10523		Part 2: Creditors with Nonpriority Unsecured Claims					
Emisiora, NT 10323	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?					
Collection Professionals	Line 4.17 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 416 La Salle, IL 61301		■ Part 2: Creditors with Nonpriority Unsecured Claims					
La Salle, IL 01301	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part :	2 did you list the original creditor?					
Healthlab	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
25 North Winfield Road Winfield, IL 60190		Part 2: Creditors with Nonpriority Unsecured Claims					
77	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?					
Robert Steele	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 517 La Salle, IL 61301		Part 2: Creditors with Nonpriority Unsecured Claims					
La Gane, il 01001	Last 4 digits of account number						

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	7,184.00
Total				·	1,101100
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			
IIOIII I ait 2	og.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	15,495.55
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	22,679.55

		1700.11111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Stacey E Phillips			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_

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		1700.11111	<u> Paue 79 t</u>	11:51	
Fill in this in	nformation to identify your	case:			
Debtor 1	Stacey E Phillips				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Officed State	s bankruptcy Court for the.	NORTHERN DISTRICT	OI ILLINOIS		
Case number	er				☐ Check if this is an
(**************************************					amended filing
O((; ;)	5 40011			_	
	Form 106H				
Schedu	ıle H: Your Cod	ebtors			12/15
Arizona, No. G Yes.	California, Idaho, Louisiana, so to line 3. Did your spouse, former spou	Nevada, New Mexico, Pu ise, or legal equivalent live ors. Do not include your	erto Rico, Texas, Washi e with you at the time? spouse as a codebtor	ington, and Wisconsin.) if your spouse is filin	ty states and territories include g with you. List the person shown he creditor on Schedule D (Official
Form 10 out Col		Form 106E/F), or Sched	ule G (Official Form 10	6G). Use Schedule D,	Schedule E/F, or Schedule G to fill
	olumn 1: Your codebtor me, Number, Street, City, State and Zll	P Code		Column 2: The cro	editor to whom you owe the debt
	,, 2, Oxy, Oxxio and 211	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			,
3.1	ame			Schedule D, lin	
INC	arrie			☐ Schedule E/F,☐ Schedule G, lir	
				— Scriedule G, III	
Ni Ci	umber Street ty	State	ZIP Code		
3.2				☐ Schedule D, lin	ne
	ame			☐ Schedule E/F,	
				☐ Schedule G, Iir	ne
	umber Street	2	715.0	_	
Ci	TV .	State	ZIP Code		

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Fill	in this information to identify your ca	ase:						
	otor 1 Stacey E Ph							
	otor 2 puse, if filing)				_			
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_			
(If kr	fficial Form 106l]	13 income	ed filing ent showing postp as of the following	
	chedule I: Your Inc	ome				MM / DD/ Y	YYY	12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your sp th you, do not include	oouse is e inforn	s living v	with you, inclu bout your spo	ude information ouse. If more spa	about your ace is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing sp	ouse
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	oyed	
	attach a separate page with information about additional	zmproyment status	☐ Not employed			☐ Not e	mployed	
	employers.	Occupation	Lab Technician					
	Include part-time, seasonal, or self-employed work.	Employer's name	Presence Proven	a Heal	th			
	Occupation may include student or homemaker, if it applies.	Employer's address	200 South Wacke Chicago, IL 6060		•			
		How long employed the	here? 3 years					
Par	Give Details About Mor	nthly Income						
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to rep	oort for a	any line,	write \$0 in the	space. Include ye	our non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mployers	s for that perso	on on the lines be	low. If you need
					For	Debtor 1	For Debtor 2 non-filing spo	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (becalculate what the month)	efore all payroll y wage would be.	2.	\$	3,880.50	\$	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A

3,880.50

N/A

Calculate gross Income. Add line 2 + line 3.

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Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	Deb	otor 1	Stacey E Phillips	-	Case	e number (<i>if known</i>)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary for plantary for plantary for each group of the form plantary for pla		C o	without home	4	Fo		no		pouse	
58. Tax, Medicare, and Social Security deductions 50. Mandatory contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Social Security 50. Required repayments of retirement fund loans 50. Social Security 50. Insurance 51. Domestic support obligations 52. Insurance 53. Domestic support obligations 54. Social Security 55. Union dues 56. Not of deductions. Specify: Legal Plan 57. Other deductions. Specify: Legal Plan 58. Not Health Flexible account 59. Union dues 59. Union dues 59. Union dues 59. Volunt developed Plan 59. Volunt deve		Сор	y line 4 nere	4.	\$_	3,880.50	. \$		N/A	-
Sb. Mandatory contributions for retirement plans Sc. Sc. 15,221 S. N/A	5.	List	all payroll deductions:							
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S 33.95 \$ N/A 5e. Insurance 5e. \$ 284.27 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5f. Other deductions. Specify: Legal Plan 5f. Volund dues 5g. Vinor dues			· · · · · · · · · · · · · · · · · · ·							_
5d. Sequired repayments of retirement fund loans 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Se. S. 284.27 N/A 5g. Union dues 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: Legal Plan 5h. Se. S. 0.00 S. N/A Health Flexible account 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S. 1,382.45 S. N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. S. 2,498.05 S. N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive lactude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. S. 0.00 S. N/A 8e. Social Security 8e. 0.00 S. N/A 8e. Social Security 8e. 0.00 S. N/A 8e. Other government assistance that you regularly receive lactude cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. S. 0.00 S. N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. S. 0.00 S. N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d-8e+8f+8g+8h. 9. S. 0.00 S. N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d-8e+8f+8g+8h. 9. S. 0.00 S. N/A 11. 4 S. 2,498.05 S. N/A 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 14. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in l			·							_
5e. Insurrance 5e. S 284.27 \$ N/A 5f. Domestic support obligations 5f. S 0.000 \$ N/A 5g. Union dues 5g. Union dues 5g. S 0.000 \$ N/A Health Flexible account 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,382.45 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,382.45 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,382.45 \$ N/A 6. List all other income regularly received: 8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment developer settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment assistance that you regularly receive include cash assistance that you receive, such as lood stangers (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.00 \$ N/A 8d. One monthly income. Specify: 8g. Pension or retirement income 8d. \$ 0.00 \$ N/A										_
5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: Legal Plan 5h. \$ 16.5f. \$ 0.00 \$ N/A Health Flexible account 5h. \$ 16.5f. \$ 1.382.45 \$ N/A Health Flexible account 5h. \$ 62.5f. \$ N/A Health Flexible account 5h. \$ 62.5f. \$ N/A Health Flexible account 5h. \$ 62.5f. \$ N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,498.05 \$ N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,498.05 \$ N/A List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 9g. Add all other income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you use should, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not										_
5g. Union dues 5 5g. Union dues 5 5g. \$ 0.00 \$ N/A Health Flexible account 5 6. Add the payroll deductions. Add lines 5s+5b+5c+5d+5e+5d+5e+5f+5g+5h. 6 6. Add the payroll deductions. Add lines 5s+5b+5c+5d+5e+5d+5e+5f+5g+5h. 6 6. \$ 1,382.45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,498.05 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. \$ 2,498.05 \$ N/A 12. Add the antinies in line 10 for Debtor 2 or non-filing spouse. 12. Add the antinies in line 10 for Debtor 2 or non-filing spouse. 13. Do you expect an increase or decrease within the year after you file this form?										_
5h. Other deductions. Specify: Legal Plan Health Flexible account 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5h. 6. \$ 1,382.45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,498.05 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive lincude alimony; spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Unemployment compensation 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Bension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 9g. Add all other income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$ 0.00 \$ N/A 11. +\$ 0.00 \$ N/A 12. Liste all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts alfeady included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies				-						_
Health Flexible account Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5l+5g+5h. Bab. Interest and dividends Bab. Interes		-	Other deductions. Specify: Legal Plan	-	+ \$		+ \$			_
 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,498.05 \$ N/A 8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm				_	\$	62.51	\$		N/A	=
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Inemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8d. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	1,382.45	\$		N/A	_
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	·	\$		N/A	=
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. * * 12. * 2,498 **Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 10. **Do you expect an increase or decrease within the year after you file this form?** **Combined monthly income.** 11. * * 2,498 **Combined monthly income.** 12. **Add the amount in crease or decrease within the year after you file this form?**	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a.	\$	·	\$		N/A	-
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Calculate amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8b.	Interest and dividends	8b.	\$		\$			-
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ (Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,498 Combined monthly income. No.		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		\$	0.00	\$		N/A	_
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8d.	Unemployment compensation	8d.	\$		\$			_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A		8e.	Social Security	8e.	\$	0.00	\$		N/A	-
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income. No.		8g.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	_ 8f. _ 8g.	\$	0.00	\$		N/A	_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$		N/A	A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.		٠.	and the manufacture of the same of the sam	,		0.400.05				0.400.55
 State all other regular contributions to the expenses that you list in <i>Schedule J</i>. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i>. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i>, if it applies Combined monthly incomendation. No. 	10.		·	10. \$		2,498.05 + \$		N/A	= 5 _	2,498.05
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{2,498}{Combined monthly incomonthly incomon	11.	Stat Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depen			•	n Schedule		0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly incomparison.	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certai					:	\$	2,498.05
☐ Yes. Explain:	13.		No.	?						

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Fillir	n this informa	tion to identify yo	our case:	·				
Debto		Stacey E Phi				Cha	eck if this is:	
		Stacey E Fill	iiips				An amended filing	
Debto (Spot	or 2 use, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unite	ed States Bankr	uptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
Case	number							
(If kn								
Off	ficial Fo	rm 106J						
Sc	hedule	J: Your	Exper	nses				12/1
info	rmation. If m		eded, atta	. If two married people ar ach another sheet to this n.				
Part		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a separ	ate household?				
	□и	0	·	ial Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Del	btor 2.	
2.		e dependents?	□ No	, ,	,			
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							■ No
	dependents	names.			Daughter			□ Yes □ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do vour ext	enses include	_	l Nia				☐ Yes
0.	expenses o	f people other t d your depende	han $_{\square}$	No Yes				
expe	mate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	icial Form 10		a nave iii	siduca it on concaute it.	our moome		Your exp	enses
4.		or home owners and any rent for th		nses for your residence. I or lot.	nclude first mortgag	e 4.	\$	504.00
	If not include	led in line 4:						
		estate taxes				4a.	\$	137.00
		rty, homeowner's				4b.	·	58.08
				upkeep expenses		4c.	·	200.00
5.		owner's associat		aominium aues our residence. such as ho	me equity loans	4d. 5.		0.00

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Debtor 1 Stace	y E Phillips	Case num	ber (if known)	
S. Utilities:				
	city, heat, natural gas	6a.	\$	175.00
	sewer, garbage collection	6b.	\$	25.00
	none, cell phone, Internet, satellite, and cable services	6c.	·	200.00
•	Specify:	6d.	·	0.00
	pusekeeping supplies	7.	·	325.00
	nd children's education costs	8.	\$	
		o. 9.	*	0.00
-	undry, and dry cleaning		\$	100.00
	re products and services	10.	\$	25.00
	dental expenses	11.	\$	100.00
	ion. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	le car payments.	13.	·	
	ent, clubs, recreation, newspapers, magazines, and books		·	0.00
	ontributions and religious donations	14.	\$	0.00
5. Insurance.	la insurance deducted frame value as included in lines 4 as 20			
15a. Life ins	le insurance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
		15a.	·	0.00
15b. Health		15b.	·	0.00
15c. Vehicle		15c.		285.00
	insurance. Specify:	15d.	\$	0.00
	ot include taxes deducted from your pay or included in lines 4 or 20.		_	
Specify:		16.	\$	0.00
	or lease payments:			
•	yments for Vehicle 1	17a.	*	306.26
	yments for Vehicle 2	17b.	\$	0.00
17c. Other.	Specify:	17c.	\$	0.00
17d. Other.	Specify:	17d.	\$	0.00
3. Your payme	nts of alimony, maintenance, and support that you did not report a	S		
	om your pay on line 5, Schedule I, Your Income (Official Form 106I)	. 18.	\$	0.00
Other payme	ents you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	roperty expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	our Income.	
20a. Mortga	ages on other property	20a.	\$	0.00
20b. Real e	state taxes	20b.	\$	0.00
20c. Proper	rty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Mainte	enance, repair, and upkeep expenses	20d.	\$	0.00
	owner's association or condominium dues	20e.		0.00
. Other: Speci		21.	·	0.00
. Other open	<u> </u>		ΙΨ	0.00
2. Calculate yo	our monthly expenses			
22a. Add line	es 4 through 21.		\$	2,640.34
22b. Copy lin	e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	<u> </u>
	22a and 22b. The result is your monthly expenses.		\$	2,640.34
	andb. The result is your monthly expended.			2,040.34
3. Calculate yo	our monthly net income.			
23a. Copy I	ine 12 (your combined monthly income) from Schedule I.	23a.	\$	2,498.05
	your monthly expenses from line 22c above.	23b.	-\$	2,640.34
1 7 7	, ,	- **	·	2,0 .0.04
23c. Subtra	ct your monthly expenses from your monthly income.			
	sult is your monthly net income.	23c.	\$	-142.29
	•		•	
	ect an increase or decrease in your expenses within the year after y			
	to you expect to finish paying for your car loan within the year or do you expect yo	ur mortgage լ	payment to increase	e or decrease because o
	the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			

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Fill in this infor	mation to identify your ca	ise:			
Debtor 1	Stacey E Phillips				
	First Name	Middle Name	Last Name		
Debtor 2	E: AN	N. 111 N.			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Forr	<u>n 106Dec</u>				
Declarat	ion About ar	n Individual	Debtor's Sc	chedules	12/15
If two married pe	eople are filing together,	both are equally respor	nsible for supplying co	rrect information.	
				••••	
					tement, concealing property, or 00, or imprisonment for up to 20
	8 U.S.C. §§ 152, 1341, 15		auptoy case can result	III IIIIe3 up το ψ230,0	oo, or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay someor	ne who is NOT an attori	ney to help you fill out	bankruptcy forms?	
— Na					
■ No					
☐ Yes. N	Name of person				nkruptcy Petition Preparer's Notice,
				Declaration	n, and Signature (Official Form 119)
	Ity of perjury, I declare th	at I have read the sumi	mary and schedules file	ed with this declarati	on and
that they are	e true and correct.				
X /s/ Stad	cey E Phillips		Х		
	E Phillips		Signature of	f Debtor 2	
	re of Debtor 1		•		

Date _____

Date April 23, 2016

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Fill	in this inform	ation to identify you	r case:			
	otor 1	Stacey E Phillips				
		First Name	Middle Name	Last Name		
l	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Car	se number					
	nown)				-	Check if this is an mended filing
Sta		of Financial	Affairs for Individable Individable If two married people a		ankruptcy	4/10
		ore space is needed,). Answer every que		this form. On the top of any	ر additional pages, write you	ir name and case
Par	t 1: Give D	etails About Your Ma	nrital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	□ Married■ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Mal	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$12,537.29	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) Document Debtor 1 Stacey E Phillips

			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)		31, 2015)	■ Wages, commissions, bonuses, tips	\$39,004.00	☐ Wages, commissions bonuses, tips	,
			☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2014)			■ Wages, commissions, bonuses, tips	\$37,578.04	☐ Wages, commissions bonuses, tips	,
			☐ Operating a business		☐ Operating a business	
and other p winnings. I List each s	oublic bene f you are fil	fit payments; ping a joint case	pensions; rental income; into e and you have income that	xamples of other income are a seriest; dividends; money colled tyou received together, list it ately. Do not include income	cted from lawsuits; royalties; only once under Debtor 1.	al Security, unemployment and gambling and lottery
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015) For the calendar year before that: (January 1 to December 31, 2014)		31, 2015)	401(k)/IRA Withdrawal	\$1,900.00		
			401(k)/IRA Withdrawal	\$5,700.00		
Part 3: List	Certain Pa	nyments You	Made Before You Filed for	r Bankruptcy		
6. Are either ☐ No.	Neither D	ebtor 1 nor D	s debts primarily consume ebtor 2 has primarily cons personal, family, or househ	sumer debts. Consumer deb	ts are defined in 11 U.S.C. §	101(8) as "incurred by an
		90 days before	re you filed for bankruptcy, o	did you pay any creditor a tota	al of \$6,425* or more?	
	□ No.	Go to line 7.				
	☐ Yes	List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. It to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.				
■ Yes.			r both have primarily cons re you filed for bankruptcy, o	sumer debts. did you pay any creditor a tota	al of \$600 or more?	
	□ _{No.}	Go to line 7.				
	■ Yes	List below e include payr	ach creditor to whom you pa	aid a total of \$600 or more an obligations, such as child sup		
Creditor's Name and Address		attorney for	ins bankrupicy case.			

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Case number (if known) Document

Debtor 1 Stacey E Phillips

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Illinois Valley Credit Union 2107 Marquette Road Peru, IL 61354	January, February, March 2016	\$1,512.00	\$52,342.00	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
	Illinois Valley Credit Union 2107 Marquette Road Peru, IL 61354	January, February, March 2016	\$918.00	\$18,069.00	☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. In a limony. No Yes. List all payments to an insider.	artners; relatives of any ger a control, or owner of 20% of	neral partners; partners partners or more of their voting	erships of which yo g securities; and a	ou are a general partner; corporations ny managing agent, including one for
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	nny property on a	ccount of a debt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Collection Professionals vs. Stacey E Phillips 2015 LM 312	Collections	Lasalle County Court 119 W. Madiso Ottawa, IL 613	n	□ Pending□ On appeal■ ConcludedJudgment entered against
					debtors

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Case number (if known) Document Debtor 1 Stacey E Phillips

10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be	ptcy, was any of your property repossessed, foreclosed low.	I, garnished, attache	d, seized, or levied?
	No. Go to line 11.			
	☐ Yes. Fill in the information below.			
	Creditor Name and Address	Describe the Property	Date	Value of the
		Explain what happened		property
11.	Within 90 days before you filed for bank accounts or refuse to make a payment b	ruptcy, did any creditor, including a bank or financial insecause you owed a debt?	stitution, set off any	amounts from your
	Yes. Fill in the details.			
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o No Yes	ptcy, was any of your property in the possession of an a r another official?	assignee for the ben	efit of creditors, a
Par	t 5: List Certain Gifts and Contribution	s		
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	uptcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address:		Dates you gave the gifts	Value
14.	■ No	uptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or c			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	·	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	□ No■ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending	Date of your loss	Value of property lost
		insurance claims on line 33 of Schedule A/B: Property.		
	Ford Focus was totaled in car accident	State Farm Insurance Collision Coverage	November 2015	\$1,585.66

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Debtor 1 Stacey E Phillips

Part 7:	List Certain	Payments	or	Transfers
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16.	Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari Include any attorneys, bankruptcy petition prepare	ing a bankruptcy pet	ition?			ty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any proper	ty	Date payment or transfer was made	Amount of payment
	Krentz, Salfisberg & Swanson Haggard 100 W. Main Street Plano, IL 60545 linda@ksshlaw.com	Attorney Fees -	Bankruptcy		1/2016	\$370.00
17.	Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of Do not include any payment or transfer that you lis No Yes. Fill in the details.	or to make payments			transfer any proper	ty to anyone who
	Person Who Was Paid Address	Description and value of any property transferred		Date payment or transfer was made	Amount of payment	
	Krentz, Salfisberg & Swanson Haggard 100 W. Main Street Plano, IL 60545	Attorney Fee for collection case	r representation	in	2016	\$123.00
 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or transferred in the ordinary course of your business or financial affai Include both outright transfers and transfers made as security (such as the include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 			tirs? he granting of a sec			
	Person Who Received Transfer Address	Description and v property transferr			ny property or eceived or debts hange	Date transfer was made
	Person's relationship to you				3.	
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protec ■ No □ Yes. Fill in the details.		y property to a self	-settled trus	st or similar device o	of which you are a
	Name of trust	Description and v	alue of the propert	y transferre	d	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit	Boxes, and Storaç	ge Units		
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit un houses, pension funds, cooperatives, associations, and other financial institutions.					,	
	No					
		ast 4 digits of ecount number	Type of account of instrument	clos	e account was sed, sold, /ed, or sferred	Last balance before closing or transfer

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Debtor 1 Stacey E Phillips

21.	cash, or other valuables?				
	■ No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	?	
	NoYes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
Par	9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust	
	■ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Par	10: Give Details About Environmental Inform	nation			
For	he purpose of Part 10, the following definitions	s apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	- ·		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	· ·	aw, whether you now own, operate,	or utilize it or used	
_	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or	nmental law defines as a hazardous	waste, hazardous substance, toxic s	substance,	
Rep	ort all notices, releases, and proceedings that y		they occurred.		
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?	
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	•			
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
		,			

Page 41 of 51 Document ase number (if known) Debtor 1 Stacey E Phillips 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Stacey E Phillips Stacey E Phillips Signature of Debtor 2 Signature of Debtor 1 Date April 23, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Doc 1

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Stacey E Phillips			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	/iduals Filing Under Chap	oter 7 12/15
			J	
If you are an inc	dividual filing under chap	oter 7, you must fil	Il out this form if:	
creditors have	ve claims secured by you	ur property, or		
You must file th	ever is earlier, unless th	ithin 30 days after	not expired. you file your bankruptcy petition or by the date le time for cause. You must also send copies to	
	eople are filing together nd date the form.	in a joint case, bo	oth are equally responsible for supplying correc	ct information. Both debtors must
	and accurate as possib your name and case nun		s needed, attach a separate sheet to this form.	On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
1. For any credi		rt 1 of Schedule D	Creditors Who Have Claims Secured by Prop	erty (Official Form 106D), fill in the
	reditor and the property th	nat is collateral	What do you intend to do with the property to secures a debt?	that Did you claim the property as exempt on Schedule C?
Creditor's I	Illinois Valley Credit U	nion	☐ Surrender the property.	□ No
name.			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description of	f 100 Watson Avenu		Reaffirmation Agreement.	. 66
property securing debt	61348 La Salle Co	unty	☐ Retain the property and [explain]:	
Creditor's I	Illinois Valley Credit U	nion	☐ Surrender the property.	□No
name:	,		Retain the property and redeem it.	-
Description of		ıze 15000	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
proporty	miles			

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

property

securing debt:

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Debtor 1 Stacey E Phillips	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Troporty.	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	□ 140
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Lessor's name:	□ No
Description of leased	
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have property that is subject to an unexpired leas	indicated my intention about any property of my estate that secures a debt and any personal
X /s/ Stacey E Phillips	x
Stacey E Phillips	Signature of Debtor 2
Signature of Debtor 1	•
Data	Date
Date April 23, 2016	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	r 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-13912 Doc 1 Filed 04/23/16 Entered 04/23/16 15:59:08 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Stacey E Phillips		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR DE	CBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered	or to
	For legal services, I have agreed to accept		\$	1,270.00	
	Prior to the filing of this statement I have received	[\$	370.00	
	Balance Due		\$	900.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	☐ Debtor ☐ Other (specify): Empl	oyer Legal Plan			
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	pers and associates of my lav	v firm.
	☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the national state.				ı. A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credid. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured control of the secured creditors to reaffirmation agreements and applications. 	atement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex ons as needed; preparation	h may be required; nd any adjourned hea emption planning;	rings thereof;	of
б.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding.	ee does not include the followin ischargeability actions, jud	g service: icial lien avoidanc	es, relief from stay actio	ns or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of a pankruptcy proceeding.	ny agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s)) in
Δ	pril 23, 2016	/s/ Linda M. Salfi	sberg		
L	Date	Linda M. Salfisbe Signature of Attorn			
		Krentz, Salfisber	g & Swanson Hag	gard, P.C.	
		100 W. Main Stre Plano, IL 60545	eet		
		630-552-8213 Fa			
		Isalfisberg@sbc Name of law firm	global.net		
		y yv			

United States Bankruptcy Court Northern District of Illinois

In re	Stacey E Phillips		Case No.	
		Debtor(s)	Chapter 7	
	VE	CRIFICATION OF CREDITOR MA	ATRIX	
		Number of 0	Creditors:	17
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and correct	to the best of my
Date:	April 23, 2016	/s/ Stacey E Phillips Stacey E Phillips Signature of Debtor		

AMCA 2269 S Saw Mill Elmsford, NY 10523

AMCA
PO Box 1235
Elmsford, NY 10523

Central Dupage Hospital PO Box 4090 Carol Stream, IL 60197

Central Illinois Pathology, SC c/o Law Office of Johnson, Bunce & PO Box 9705 Peoria, IL 61612

Collection Prof/lasalle Po Box 416 La Salle, IL 61301

Collection Professinals PO Box 416 La Salle, IL 61301

Collection Professionals PO Box 416 La Salle, IL 61301

Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106

FFCC/First Federal Credit Control Po Box 20790 Columbus, OH 43220

Healthlab 25 North Winfield Road Winfield, IL 60190

Illinois Valley Community Hospital 925 West Street Peru, IL 61354

Illinois Valley Credit Union 2107 Marquette Road Peru, IL 61354

IVCH Medical Group 1305 6th Street Peru, IL 61354

Lincoln Financial Group PO Box 7876 Fort Wayne, IN 46801

Robert Steele PO Box 517 La Salle, IL 61301

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Utica Community Fire Protective Dis PO Box 260 Mendota, IL 61342